

Gender Differences in Experiences of Sexual Harassment: Data From a Male-Dominated Environment

Amy E. Street and Jaimie L. Gradus

National Center for Posttraumatic Stress Disorder, Veterans
Affairs Boston Healthcare System, and Boston University
School of Medicine

Jane Stafford

University of South Carolina, Aiken

Kacie Kelly

National Center for Posttraumatic Stress Disorder, Veterans Affairs Boston Healthcare System

The goal of this investigation was to examine gender differences in experiences of sexual harassment during military service and the negative mental health symptoms associated with these experiences. Female ($n = 2,319$) and male ($n = 1,627$) former reservists were surveyed about sexual harassment during their military service and current mental health symptoms. As expected, women reported a higher frequency of sexual harassment. Further, women had increased odds of experiencing all subtypes of sexual harassment. Being female conferred the greatest risk for experiencing the most serious forms of harassment. For both men and women, sexual harassment was associated with more negative current mental health. However, at higher levels of harassment, associations with some negative mental health symptoms were stronger for men than women. Although preliminary, the results of this investigation suggest that although women are harassed more frequently than men, clinicians must increase their awareness of the potential for sexual harassment among men in order to provide the best possible care to all victims of harassment.

Keywords: sexual harassment, gender differences, mental health

There is consensus among researchers and policymakers that sexual harassment in the workplace represents a significant social problem (Harned, Ormerod, Palmieri, Collingsworth, & Reed, 2002). The vast majority of research on sexual harassment has examined the sexual harassment of women by men, which is appropriate given that this represents the predominant form of harassment in most workplaces (Stockdale, 1996). However, there is growing awareness that men also experience sexual harassment and that these experiences may have a detrimental impact on their psychological functioning (Waldo, Berdahl, & Fitzgerald, 1998).

Catharine MacKinnon, a feminist legal scholar, was instrumental in increasing society's awareness of sexual harassment. Her groundbreaking work in the 1970s and 1980s established sexual harassment as a prosecutable form of sex discrimination. MacKinnon (1979) conceptualized sexual harassment as an expression of a patriarchal society and a mechanism for perpetuating beliefs, attitudes, and actions that devalue women because of their sex and enforce male dominance. As a feminist scholar, MacKinnon proposed a gender-based explanation of sexual harassment; her conceptualization of harassment is, by definition, something that men do to women.

More recently, as awareness regarding men's experiences of harassment has increased, legal theories predicated on women's experiences of harassment have required expansion. In response to criticisms that existing feminist legal theories were unable to account for men's harassment experiences, Katherine Franke (1997) proposed a revised conceptualization of sexual harassment. Franke's conceptualization builds on MacKinnon's (1979) work establishing sexual harassment as a form of sex discrimination. However, rather than suggesting that harassment is only about the subordination of women by men, Franke suggested that harassment is about the enforcement of gender norms for men as well as women. She described harassment as a means of regulating and policing a particular view of how women and men "should be," punishing women who deviate from their prescribed feminine gender role and men who deviate from their prescribed masculine gender role.

Amy E. Street and Jaimie L. Gradus, Women's Health Sciences Division, National Center for Posttraumatic Stress Disorder, Veterans Affairs Boston Healthcare System, Boston, and Department of Psychiatry, Boston University School of Medicine; Jane Stafford, Department of Psychology, University of South Carolina, Aiken; Kacie Kelly, Women's Health Sciences Division, National Center for Posttraumatic Stress Disorder, Veterans Affairs Boston Healthcare System.

This research was supported by the Women Veterans Health Program, Department of Veterans Affairs. The views, opinions, and/or findings contained in this report are ours and do not necessarily represent the views of the Department of Veterans Affairs. We wish to thank Paula Schnurr and Matt Friedman for consultation regarding study design and data analytic strategy.

Correspondence concerning this article should be addressed to Amy E. Street, National Center for PTSD (116B-3), Veterans Affairs Boston Healthcare System, 150 South Huntington Avenue, Boston, MA 02130. E-mail: amy.street@va.gov

Gender Differences in Sexual Harassment Experiences

Extensive data over the past 2 decades confirm that women are more likely to experience sexual harassment than men (e.g., Gutek, 1985; Martindale, 1991; Stockdale, Visio, & Batra, 1999). Studies in the civilian sector suggest that 42% to 44% of women experienced at least one episode of sexual harassment within the previous 2 years, compared with only 14% to 19% of men (U.S. Merit Systems Protection Board, 1988, 1995). Data from military settings confirm this pattern, indicating 78% of women experienced at least one instance of potentially sexually harassing behavior during the past year, compared with only 38% of men (Bastian, Lancaster, & Reyest, 1996). Women are more likely to experience all forms of sexual harassment, with the incidence of specific types of potentially harassing behavior ranging from 3% to 50% for women and 1% to 23% for men (Lipari & Lancaster, 2004).

Although women are more likely to experience all forms of harassment, the magnitude of gender differences varies across different forms of harassment. The magnitude of the gender difference is larger for forms of harassment that are less frequent and perceived to be more serious, including experiences of unwanted sexual attention and sexual coercion (Cortina et al., 2002; Fitzgerald, Magley, Drasgow, & Waldo, 1999). Both men and women experience gender harassment (i.e., behavior that is insulting, hostile, and degrading, but not for the purpose of sexual cooperation) more frequently than other forms of sexual harassment. However, women most commonly experience being put down or treated differently because of their sex (Stark, Chernyshenko, Lancaster, Drasgow, & Fitzgerald, 2002), whereas men most commonly experience lewd or vulgar comments or negative remarks enforcing traditional gender role stereotypes (Stockdale et al., 1999; Waldo et al., 1998). Male and female experiences of harassment also differ in that men are much more likely to experience harassment from a same-sex perpetrator; in contrast, the majority of women's harassment experiences are perpetrated by someone of the opposite sex (DuBois, Knapp, Faley, & Kustis, 1998; Stockdale et al., 1999).

Gender Differences in Mental Health Symptoms Associated With Sexual Harassment

Theoretical explanations for the negative mental health effects associated with sexual harassment focus primarily on the experience of sexual harassment as a potentially severe or extreme psychological stressor (Charney & Russel, 1994). Specific psychosocial theories that have been applied to the effects of sexual harassment include learned helplessness (Dansky & Kilpatrick, 1996), conditioning (Kilpatrick, Veronen, & Resnick, 1982), and resource loss (Hobfoll, 1989). Few authors have addressed potential gender differences in their theoretical explanations for the negative effects of sexual harassment. One exception is the work of Berdahl, Magley, and Waldo (1996), who suggested that the distressing consequences associated with sexual harassment stem from a perceived loss of control over personal and professional status and specified that this process is likely to hold true for men as well as women.

A number of investigations have found that women are significantly more likely than men to appraise experiences of sexual harassment as "stressful," "bothersome," and "upsetting" (e.g.,

Berdahl & Moore, 2006; Cochran, Frazier, & Olson, 1997). However, fewer studies have focused on gender differences in symptoms of psychological disorders associated with experiences of harassment. The majority of investigations that have examined these associations have not been designed to conduct a direct examination of the effect of gender; rather, most investigations have examined this question in separate groups of men and women and compared men's and women's associations without testing these differences statistically. Among such investigations, three have identified stronger associations for women than for men between sexual harassment experiences and depression and anxiety symptomatology (DeSouza & Fansler, 2003), posttraumatic stress disorder (PTSD; Murdoch et al., 2006), and eating disorder symptomatology (Harned & Fitzgerald, 2002). Two additional investigations of this type have identified comparable associations for women and men between sexual harassment experiences and depression and anxiety symptomatology (Richman et al., 1999) and general psychological well-being (Bergman, Langhout, Cortina, & Fitzgerald, 2002).

Although the results of these investigations are important, these authors did not analyze their data in a way that allowed for examination of the effect of gender on the association between sexual harassment experiences and mental health symptoms. When men and women are examined as separate groups within the same sample (i.e., stratifying by gender), separate estimates of the association within each group can be calculated, but the effect of gender on the association of interest—in this case, the association between sexual harassment and mental health symptoms—cannot be examined (Jewell, 2004). Only two investigations to date have directly examined the effect of gender on the association between sexual harassment experiences and mental health symptoms, a preferable approach because the absolute and relative differences in men and women's associations can be tested statistically rather than compared visually. Magley, Waldo, Drasgow, and Fitzgerald (1999) analyzed data from a large-scale investigation of sexual harassment among active duty forces and reported that across mental health outcomes, sexual harassment exerted similar negative effects on men and women. However, close examination of the results revealed that a statistical test of the differences between the slopes of the association between sexual harassment and mental health symptoms was significant, with larger values for men than women. Vogt, Pless, King, and King (2005) also analyzed their data in a way that allowed for the direct examination of the effect of gender on the association between harassment and mental health symptoms, a moderated multiple regression analysis. Results from their sample of Gulf War (1990–1991) military personnel revealed that the strength of the association between sexual harassment during wartime service and negative mental health outcomes was stronger for men than for women.

Focus of the Current Investigation

Occupations that have been traditionally male-dominated and characterized by relatively large power differentials between organizational levels are associated with an increased incidence of sexual harassment of women (Ilies, Hauserman, Schwochau, & Stibal, 2003; Lafontaine & Tredeau, 1986) and of men (Stockdale et al., 1999). In recent years, one male-dominated occupational setting with large power differentials between organizational lev-

els, the military, has received significant attention from researchers, policymakers, and the media regarding the prevalence of sexual harassment and assault experienced by military personnel (Fitzgerald, Drasgow, & Magley, 1999; Skinner et al., 2000; Wolfe et al., 1998). With the current investigation, we proposed to address two issues in an effort to obtain a better understanding of the sexual harassment experiences of men and women. We examined these issues within a large sample of former members of the reserve forces of the U.S. military, which, given those characteristics reviewed earlier, represented an excellent opportunity to address these questions.

Despite evidence that, in general, women are more likely to experience sexual harassment than men, more evidence is needed to identify the magnitude of gender differences across specific types of harassment. Accordingly, the first aim of this investigation was to examine gender differences in the frequency of sexual harassment experiences and to examine the relative effect of gender on the odds of experiencing sexual harassment and specific sexual harassment events. We hypothesize that, consistent with earlier work, the magnitude of gender differences for specific types of harassment would be larger for experiences of sexual coercion and unwanted sexual attention and smaller for experiences of sexist hostility and sexual hostility. Consistent with Franke's (1997) conceptualization of men's harassment experiences as primarily a means of policing masculine gender norms, we hypothesized that the magnitude of gender differences would be smallest for those individual gender harassment items that describe attempts to enforce rigid gender roles.

The second goal of this investigation was to examine gender differences in the strength of the associations between sexual harassment and mental health symptoms. Because MacKinnon's (1979) and Franke's (1997) conceptualizations of harassment are legal theories, not social science theories, they do not directly address the issue of psychosocial functioning following harassment experiences. However, MacKinnon's conceptualization of harassment as an event that occurs only to women implies that if men experience harassing behavior, it occurs outside of a patriarchal context and so is unlikely to negatively impact mental health. In contrast, Franke suggested that the enforcement of strict masculine and feminine gender roles through the use of harassment can be harmful to men as well as to women. Results from the limited research literature examining this question are mixed; however, both investigations that have directly examined the statistical effect of gender on the association between harassment and mental health symptoms have found stronger associations among men than women. Accordingly, although we believe that experiences of harassment are likely to be associated with elevations in mental health symptomatology for both women and men, we tentatively hypothesized that these associations may be stronger for men.

Method

Participants

Participants were 3,946 former reservists (2,319 women and 1,627 men). On average, participants had completed their reserve service 9.12 years prior to data collection. The mean age at the time of interview was 39.1 ($SD = 9.5$) and 39.6 ($SD = 10.3$) for

women and men, respectively. In terms of race-ethnicity, 65% of the women were Caucasian, 25% were African American, and 5% were Hispanic, compared with 80%, 11%, and 5%, respectively, among men. The sample was diverse in terms of socioeconomic status: 28% of participants reported a yearly household income of less than \$35,000, 35% reported an income between \$35,000 and \$65,000, and 33% reported an income of more than \$65,000. Most sample demographics, including ethnicity, education, primary component of service, and military rank (enlisted vs. officer), are reflective of the overall composition of the reserves. However, the study sample has a higher proportion of female participants, because of oversampling women, and is older, because of sampling former rather than current reservists.

Procedure

The Defense Manpower Data Center provided the names and social security numbers of 22,500 former reservists. After completion of location efforts using several address and telephone search services (National Institute for Occupational Safety and Health/Internal Revenue Service, Telematch, Experian Credit Bureau, and directory assistance), we were able to obtain accurate contact information on 13,032 of the original 22,500 members of the target sample. Of the potential participants, 12.7% refused to participate before the interviewer was able to determine whether they were eligible for participation (e.g., served in the reserves but not active duty); among eligible participants, 5.7% refused to participate. Using a stratified random sampling design, with specific reserve component and gender (women oversampled) as the stratification variables, we conducted 4,022 interviews during a 7-month data collection period (76 partial interviews were excluded from analyses), representing a cooperation rate of 74.4%.

Data collection procedures were approved by the committee on the use of human subjects in research of the Veterans Affairs Boston Healthcare System. Letters mailed 2 weeks prior to initial contact provided an explanation of the study and included a return letter with prepaid postage as a mechanism to withdraw from the study. Participants were also provided with a toll-free number by which they could contact study staff with questions or concerns regarding their participation. The telephone survey was conducted by female interviewers using computer assisted telephone interview technology. Twenty-five callback attempts on different days and at different times over a period of at least 3 months were made to reach a respondent. As a result of programmed skip patterns whereby interviewers asked each participant only those questions most relevant to his or her experiences, the interviews averaged 40 minutes in length.

Measures

Sexual harassment. We assessed participants' experiences of sexual harassment during their service in the reserves using the military version of the Sexual Experiences Questionnaire (SEQ-DoD; Fitzgerald, Magley, et al., 1999). The 24-item SEQ-DoD has been widely used to assess sexual harassment among active duty members of the armed forces. Participants indicated whether each experience on the SEQ-DoD had occurred *never*, *once or twice*, *sometimes*, *often*, or *very often* during their service in the reserves. The SEQ-DoD measures four subtypes of harassment as defined

by Fitzgerald's model of sexual harassment: (a) sexist hostility (i.e., a form of gender-based harassment involving behaviors or attitudes that are not aimed at sexual cooperation but are discriminatory based on the individual's gender), (b) sexual hostility (i.e., a form of gender-based harassment involving offensive behaviors or attitudes that are not aimed at sexual cooperation but are overtly sexual and insulting in nature), (c) unwanted sexual attention (i.e., offensive nonverbal or verbal behaviors of a sexual nature that are unwanted and unreciprocated and aimed at sexual cooperation), and (d) sexual coercion (i.e., extortionist quid pro quo behaviors). In the current sample, Cronbach's alpha for the SEQ-DoD total scores was .81 for female participants and .78 for male participants. Among female participants, the Cronbach's alphas for the SEQ subtypes, sexist hostility, sexual hostility, unwanted sexual attention, and sexual coercion, were .84, .92, .84, and .92, respectively. For male participants, the Cronbach's alphas were .52, .78, .58, and .73, respectively.

Mental health. We measured symptoms of depression occurring during the past week with the 10-item Center for Epidemiological Studies–Depression scale (CES–D; Radloff, 1977; $M = 5.0$, $SD = 5.8$). Cronbach's alpha levels were .88 for female participants and .86 for male participants. We measured PTSD symptomatology related to participants' experiences of sexual harassment with the 17-item PTSD Checklist (PCL; Ruggiero, Del Ben, Scotti, & Rabalais, 2003; Weathers, Litz, Herman, Huska, & Keane, 1993; $M = 27.3$, $SD = 13.8$). Cronbach's alpha was .93 for female participants and .95 for male participants. General mental health was measured with the 6-item Mental Health Composite ($M = 51.5$, $SD = 9.9$) of the Short Form–12 Health Survey (SF–12; Ware, Kosinski, & Keller, 1996). As opposed to the depression and PTSD measures, higher scores on this measure indicate better functioning. Cronbach's alpha for this measure was .80 for female participants and .77 for male participants.

Data Management

In order to meet the assumptions of the linear regression analyses, we transformed the sexual harassment, depression, and PTSD data to adjust nonnormal distributions. We selected type of transformation based on the criteria of the posttransformation skewness and kurtosis being as close to zero as possible and the shape of the transformed distribution (Tabachnick & Fidell, 1996). The skewness of the raw sexual harassment data (i.e., SEQ) was 2.7 with a kurtosis of 9.1. We transformed the sexual harassment data using a square-root transformation that resulted in a skewness of 0.9 and a kurtosis of 0.3. The skewness of the raw depression data (i.e., CES–D) was 1.6 with a kurtosis of 2.6. Again, we transformed these data using a square-root transformation, obtaining a skewness of 0.3 with a kurtosis of -0.6 . The raw PTSD data (i.e., PCL) had a skewness of 1.7 and a kurtosis of 2.6. We transformed these data using a logarithm transformation, resulting in a posttransformation skewness of 1.1 and kurtosis of 0.2. General mental health data (i.e., SF–12 mental health subscale) were approximately normally distributed and so were not transformed.

Statistical Analysis

To examine gender differences in the frequency of sexual harassment, we performed independent-samples t tests to compare

male and female reservists' experiences with sexual harassment (as measured by the total SEQ) and each subtype of sexual harassment identified in Fitzgerald, Magley, et al.'s (1999) model of sexual harassment (i.e., sexist hostility, sexual hostility, unwanted sexual attention, sexual coercion), with Cohen's d calculated as an effect size for this difference. To examine gender differences in the types of harassment experienced, we used logistic regression to predict endorsement of each type of sexual harassment and individual sexual harassment items from gender controlling for age and race. We present both the frequencies and the odds ratios for the different information these measures provide. Absolute measures, like frequency, provide information about the number of sexually harassing events that male and female participants have experienced, whereas relative measures, like odds ratio, provide female participants' odds of experiencing a sexually harassing event compared with male participants'. Finally, to examine associations with mental health symptoms, we used linear regression with gender, total sexual harassment scores, and the interaction of gender and sexual harassment as the independent variables. Age and race were included as covariates in all regression analyses to control for the potential confounding effects of these variables on the associations of interest.

Results

Gender Differences in Sexual Harassment Experiences

Table 1 presents the mean scores for total sexual harassment and each subtype of sexual harassment for male and female participants. As expected, female participants reported a significantly higher frequency of sexual harassment victimization than male participants with mean sexual harassment scores of 10.5 ($SD = 13.9$) and 2.3 ($SD = 4.5$), respectively ($p < .01$). Female participants also reported a higher frequency of each subtype of sexual harassment when compared with male participants. These subtype gender differences were all statistically significant ($p < .001$) with large effect sizes (Cohen's d ranging from .45–.79). To further examine gender differences in experiences of harassment, in Table 1 we present the proportions of male and female participants who reported experiencing any sexual harassment as well as each

Table 1
Means, Standard Deviations, and Proportion of Sample
Reporting Sexual Harassment Total and Sexual Harassment
Subtype Scores by Gender

Variable	Female		Male		d	% reporting harassment	
	M	SD	M	SD		Women	Men
Sexual harassment total	10.5*	13.9	2.3	4.5	0.79	72.8**	42.0
Sexist hostility	2.4**	3.4	0.4	1.1	0.79	52.3**	16.7
Sexual hostility	5.2**	6.4	1.6	3.0	0.72	68.4**	40.4
Unwanted sexual attention	2.1**	3.5	0.4	1.1	0.66	47.7**	16.9
Sexual coercion	0.9**	2.6	0.06	0.5	0.45	19.2**	2.5

Note. Significant differences are noted in the Female column; independent-samples t tests and chi-square tests were used. Female participants, $n = 2,270$; male participants, $n = 1,600$.

* $p < .01$. ** $p < .001$.

subtype of sexual harassment. As expected, a significantly higher proportion of female participants reported experiencing all forms of harassment ($p < .001$).

To examine the relative effect of gender on experiencing each subtype of sexual harassment, we calculated adjusted odds ratios (aORs), controlling for age and race with male participants serving as the reference group. We dichotomized total sexual harassment and the sexual harassment subtypes by including participants who endorsed experiencing any item on the full measure or any item in the subtype in the sexual harassment positive group. Female reservists had increased odds of experiencing any sexual harassment (aOR = 5.5), as well as all sexual harassment subtypes: sexist hostility (aOR = 5.5), sexual hostility (aOR = 3.2), unwanted sexual attention (aOR = 4.6), and sexual coercion (aOR = 10.0). Odds ratios and 95% confidence intervals are presented in Table 2.

To further explore gender differences with regard to harassment experiences, we calculated aORs for each individual harassment event (i.e., individual items on the SEQ), to compare the relative effect of gender on each event, controlling for age and race. Table 3 displays the results of these analyses as well as the proportion of male and female participants who endorsed each event. Consistent with our previous findings, female participants had higher odds of experiencing each harassment event relative to male participants. However, odds ratios varied considerably across items. For example, female participants were 1.3 times more likely than male participants to witness a display of offensive sexist materials, a sexist hostility item, but female participants were 17.3 times more likely than male participants to be put down because of their gender, also a sexist hostility item.

Gender Differences in Mental Health Symptoms Associated With Sexual Harassment

We used linear regression to predict three health outcomes (depression, PTSD, and general mental health) from gender, sexual harassment, and the interaction between sexual harassment and gender. Age and race were entered as covariates in all regressions as a continuous and categorical variable, respectively. To maintain consistency with previous analyses, we intended to include the SEQ subscales as predictors in the regression models. However, multicollinearity of the subscales precluded inclusion of all subscales in a regression equation simultaneously. Concerns regarding

Type I error prevented us from testing each subscale in a separate regression equation. Accordingly, total SEQ scores were used in all analyses.

The overall model predicting depression was significant, $F(5, 3764) = 69.5, p < .001, R^2 = 8.5\%$. Sexual harassment was a significant individual predictor of depression, controlling for all other predictors in the model ($\beta = .41, p < .001$), indicating that as level of sexual harassment increases, level of depression increases as well. The interaction between gender and sexual harassment was also a significant predictor of depression ($\beta = -.18, p < .05$). As demonstrated in Figure 1, at higher levels of sexual harassment, male participants reported more depression than female participants.

The overall model predicting PTSD symptoms was also significant, $F(5, 1647) = 147.0, p < .001, R^2 = 30.9\%$. Sexual harassment was a significant individual predictor of PTSD symptoms, controlling for all other predictors in the model ($\beta = .75, p < .001$). No other predictors in the model were statistically significant.

The overall model predicting general mental health was significant, as well, $F(5, 3711) = 40.1, p < .001$, although only a small percentage of the overall variance was accounted for ($R^2 = 5.1\%$). With all other variables in the model held constant, sexual harassment was a significant individual predictor of poor general mental health ($\beta = -.4, p < .001$). The interaction between gender and sexual harassment was also a significant predictor of general mental health ($\beta = .17, p < .05$). As demonstrated in Figure 2, at higher levels of harassment, male reservists reported worse general mental health than female reservists.

Post Hoc Analyses

We conducted a series of post hoc analyses in an effort to identify factors that may explain why male participants reported higher levels of depression and general mental health symptoms than female participants following experiences of sexual harassment. First, we identified potential outliers in the sexual harassment data and removed them from the analyses to determine whether the results of the regression analyses could be attributed to the presence of these outliers. Using the methodology described by Tabachnick and Fidell (1996), we computed standardized z scores from the SEQ total scale score data. We identified 70 potential outliers (i.e., cases with a z score greater than 3.29), removed them, and replicated the regression analyses. The presence or absence of statistical significance did not change for any variables in the regression analyses; further, removing the outliers did not have a substantial impact on the size of the associations of interest. With regard to the effect sizes for the interaction terms in the regression equations, the largest difference between the two sets of regression analyses was .02, with beta estimates in the regressions with outliers removed slightly closer to 0. These results suggest that the experiences of participants who reported the highest levels of sexual harassment had a small, but not substantial, impact on the results.

Next, based on evidence that men are at greater risk than women of experiencing mental health symptoms following sexual assault (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995), we hypothesized that experiences of sexual assault, which represent a specific subtype of sexual harassment in our sample, could be an

Table 2
Adjusted Odds Ratios (aORs) and 95% Confidence Intervals (CIs) of Experiencing Sexual Harassment Total and Sexual Harassment Subtypes by Gender

Variable	Female		Male
	aOR	CI	
Any sexual harassment	5.5	4.3, 7.2	1
Any sexist hostility	5.5	4.7, 6.5	1
Any sexual hostility	3.2	2.8, 3.6	1
Any unwanted sexual attention	4.6	3.9, 5.3	1
Any sexual coercion	10.0	7.1, 14.2	1

Note. Male participants served as the reference group. Significant aORs are noted in boldface.

Table 3

Adjusted Odds Ratios (aORs), 95% Confidence Intervals (CIs), and Proportion of Participants Endorsing Individual Sexual Harassment Events by Gender

SEQ item	aOR	CI	% of female participants endorsing item (n = 2,318)	% of male participants endorsing item (n = 1,628)
Put you down because of your gender (Sexist H)	17.3	13.0, 23.2	36.7	3.3
Made offensive remarks about your gender (Sexist H)	14.8	11.3, 19.4	37.1	3.9
Whistled, called or hooted at you (Sexual H)	14.4	11.4, 18.1	45.7	5.7
Afraid treated poorly if not sexually cooperative (SC)	14.1	7.9, 25.4	9.8	0.8
Implied faster promotions (SC)	14.0	7.6, 25.9	9.0	0.7
Stared, leered or ogled at you (Sexual H)	13.6	10.6, 17.3	40.7	4.9
Bribed for sexual favors (SC)	12.9	8.1, 20.6	13.6	1.3
Threatened with retaliation (SC)	12.6	7.1, 22.1	9.5	0.8
Treated you differently because of your gender (Sexist H)	12.3	9.7, 15.6	39.4	5.1
Attempts to establish romantic relationship (USA)	10.9	8.5, 13.8	36.5	5.2
Continued to ask you for dates (USA)	10.3	7.9, 13.3	31.1	4.4
Treated you badly for refusing to have sex (SC)	10.2	6.3, 16.5	10.4	1.3
Attempted to have sex with you against your will (USA)	10.2	6.0, 17.3	8.8	1.0
Touched you in a way that made you uncomfortable (USA)	8.7	6.4, 12.0	19.8	2.8
Unwanted attempts to stroke, fondle, kiss you (USA)	8.7	6.3, 12.0	19.5	2.7
Offensive gestures or body language (USA)	4.3	3.6, 5.2	32.5	10.2
Offensive remarks about appearance (Sexual H)	3.7	3.1, 4.5	31.1	10.8
Offered to be sexually cooperative ^a	3.7	2.4, 5.7	5.7	1.7
Drew you into a sexual discussion (Sexual H)	3.1	2.7, 3.6	40.8	18.0
Made crude/offensive sexual remarks (Sexual H)	2.9	2.5, 3.4	41.8	19.8
Told offensive sexual stories or jokes (Sexual H)	2.6	2.2, 2.9	49.1	27.5
Exposed themselves physically (Sexual H)	2.5	1.7, 3.5	6.7	2.8
Displayed offensive sexist material (Sexist H)	1.3	1.1, 1.6	14.2	11.5
Had sex with you without your consent (USA) ^b	—	—	3.4	0.0

Note. Male participants served as the reference group. Significant aORs are noted in boldface. SEQ = Sexual Experiences Questionnaire; Sexist H = Sexist Hostility subscale item; Sexual H = Sexual Hostility subscale item; USA = Unwanted Sexual Attention subscale item; SC = Sexual Coercion subscale item.

^a Item was not included in the subscale analyses because it was not included in the Fitzgerald, Magley, et al. (1999) factor analysis identifying subscale factors. ^b The aOR could not be computed because no male participants endorsed this item.

explanatory factor. To explore this hypothesis, we identified those participants who endorsed either of the items assessing attempted or completed sexual assault (283 women and 17 men), removed them, and replicated the regression analyses. All three regression analyses with participants who experienced sexual assault removed differed from the previous regression analyses in that male gender became a statistically significant univariate predictor of the mental health outcomes. In addition, for the regression predicting PTSD symptoms, the interaction between gender and sexual harassment became a statistically significant predictor, such that male participants reported greater PTSD symptoms in response to harassment. The magnitude of association between the gender-sexual harassment interaction and depression, PTSD, and general mental health was increased in all three regressions ($\beta = -.24, -.51, \text{ and } .22$, respectively) compared with the associations observed in the analyses that included those who experienced sexual assault ($\beta = -.18, -.24, \text{ and } .17$, respectively), although the direction of these associations remained unchanged. A smaller amount of the total variance was accounted for in these regressions ($R^2 = 6.4\%, 21.4\%, \text{ and } 4.0\%$) as compared with the analyses that included those who experienced sexual assault ($R^2 = 8.5\%, 30.9\%, \text{ and } 5.1\%$). Given the unequal distribution of sexual assault experience across female and male participants, the changes in the strength of the associations in the revised regression analyses can likely be attributed to the removal of a large number of female

participants who experienced the most severe forms of harassment. Regardless, these post hoc analyses indicate that the results of our investigation cannot be attributed only to experiences of sexual assault. Based on theoretical conceptualizations of sexual harassment that include sexual assault as a specific, severe form of harassment and statistical evidence that a substantial portion of the variance in mental health outcomes in these analyses is accounted for by experiences of sexual assault in the workplace, we believe the original regression analyses provide the more meaningful results.

Finally, we explored gender of the sexual harassment perpetrator as a potential explanatory factor, hypothesizing that experiences of sexual harassment from a perpetrator of the same gender may be particularly noxious to men in a male-dominated environment like the military. Although the data set included only limited information on this variable, we were able to examine participants' reports of perpetrator gender with regard to their worst experience of harassment. We conducted independent-samples *t* tests, stratified by gender of participant, to compare those whose worst harassment experience was perpetrated by someone of the same gender (SGSH) with those whose worst harassment experience was perpetrated by someone of the opposite gender (OGSH) on mean depression, PTSD, and general mental health. As expected, a significantly higher proportion of male than female participants reported that their worst harassment experience was perpetrated by

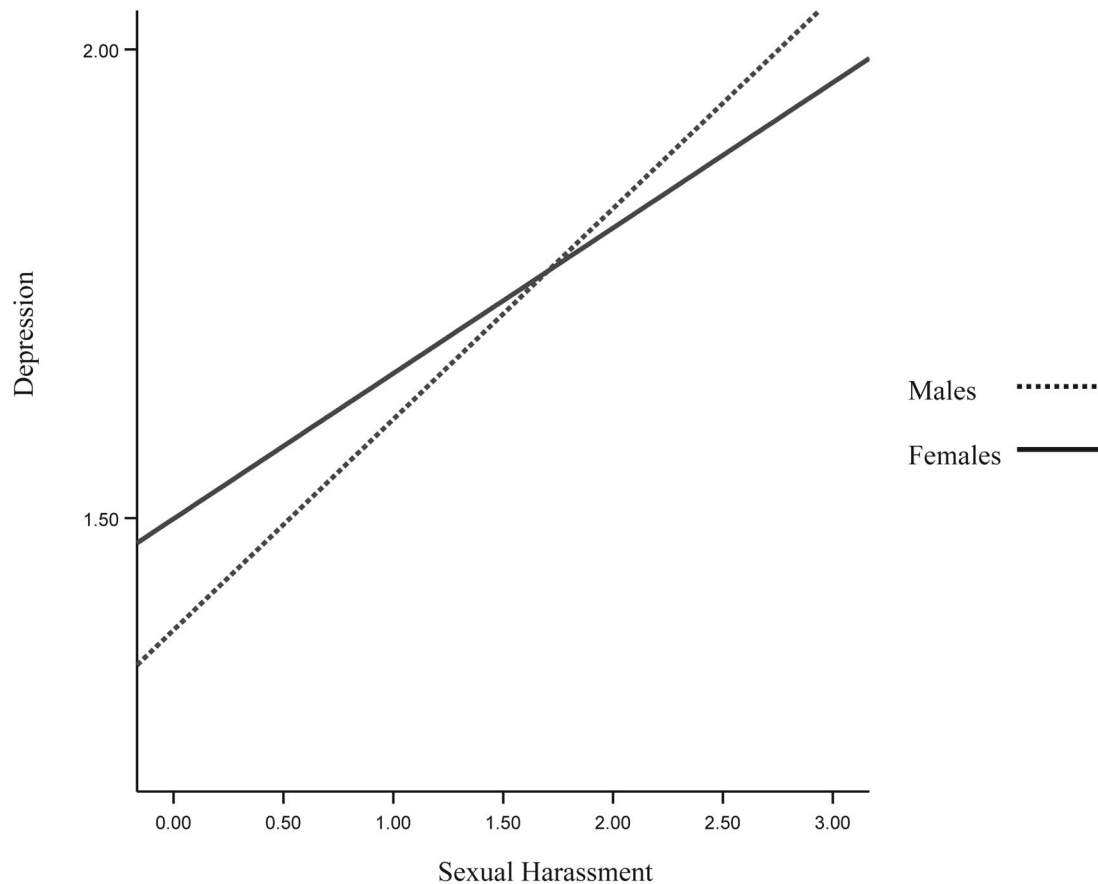


Figure 1. The effect of the interaction between sexual harassment and gender on depression. Sexual harassment scores were computed from the Sexual Experiences Questionnaire, and depression scores were computed from the Center for Epidemiological Studies—Depression scale. Axis value labels represent transformed score values, not raw score values.

someone of the same gender (77.9% vs. 12.1%). Among male participants, comparing those who reported SGSH with those who reported OGS, we found that mean depression scores were 6.1 ($SD = 6.6$) and 5.6 ($SD = 5.6$), respectively; mean PTSD scores were 23.5 ($SD = 11.0$) and 23.2 ($SD = 10.6$), respectively; and mean general mental health scores were 50.0 ($SD = 10.4$) and 51.0 ($SD = 9.6$), respectively. None of these differences were statistically significant. Among female participants, comparing those who reported SGSH with those who reported OGS, we found that mean depression scores were 6.7 ($SD = 6.7$) and 6.2 ($SD = 6.5$), respectively; mean PTSD scores were 27.4 ($SD = 13.8$) and 28.7 ($SD = 14.5$), respectively; and mean general mental health scores were 49.3 ($SD = 11.4$) and 49.6 ($SD = 10.9$), respectively. Again, none of these differences were statistically significant. Although the available data do not provide the most comprehensive test of this hypothesis, these preliminary results suggest that men's mental health symptoms following harassment cannot be accounted for by their more frequent experiences of SGSH.

Discussion

As expected, female participants reported a significantly higher absolute difference (frequency) of all sexual harassment experi-

ences and female participants had increased odds (odds ratio) of experiencing any sexual harassment and each subtype of sexual harassment compared with male participants. Partially consistent with our hypotheses, odds ratios were largest for experiences of sexual coercion and smallest for experiences of sexual hostility, indicating that being of female gender incurs the largest risk for the most serious type of sexual harassment. However, examination of the odds of experiencing individual sexual harassment items indicated that the magnitude of risk conferred by female gender cannot be fully explained by sexual harassment subtype. Both the smallest and largest odds ratios were for experiences that are examples of sexist hostility. As predicted, the items with the smallest odds ratios (i.e., those items reflecting the smallest gender difference) were not items that assessed the inappropriate expression of sexual interest but rather items consistent with the types of behaviors Franke (1997) identified as serving the purpose of enforcing rigid hypermasculine gender norms (e.g., confronting the victim with offensive sexual stories, jokes, and materials; making offensive sexual remarks; and initiating unwanted sexual discussions).

Our results also address the question of gender differences in the strength of the association between sexual harassment experiences and mental health symptoms. As hypothesized, among both

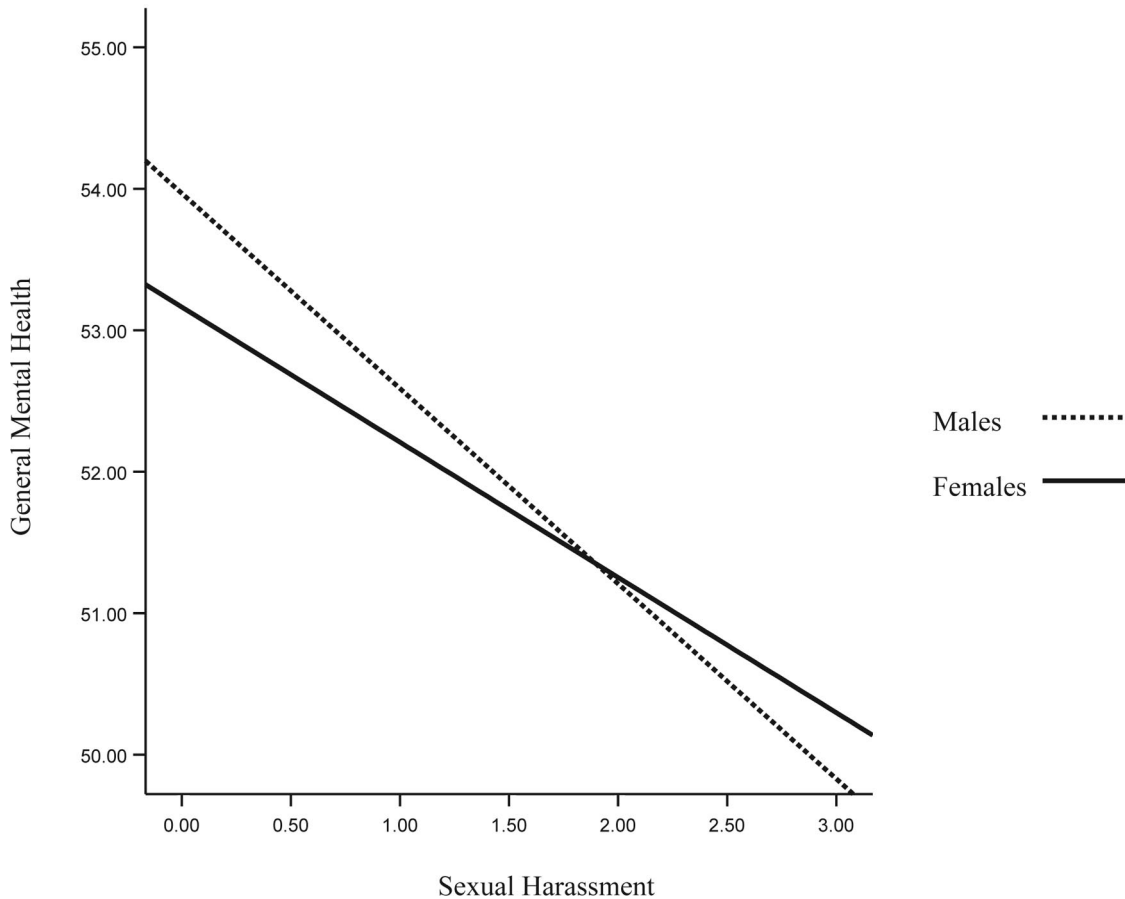


Figure 2. The effect of the interaction between sexual harassment and gender on general mental health. Sexual harassment scores were computed from the Sexual Experiences Questionnaire, and general mental health scores were computed from the Mental Health Composite of the Short Form-12 Health Survey. Axis value labels represent transformed score values, not raw score values.

women and men, sexual harassment was a significant predictor of increased symptoms of depression and PTSD and decreased general mental health. These results indicate that for both genders, experiences of sexual harassment occurring, on average, more than a decade ago are associated with more negative current mental health. For depression and general mental health, analyses revealed a significant interaction effect, indicating that at high levels of harassment, male participants reported poorer mental health than female participants. Post hoc analyses indicated that these results could not be accounted for by the presence of outliers or the inclusion of participants who reported experiencing sexual assault during their military service. Given the conflicting results in the existing research literature as well as the modest nature of this interaction effect, it is important to interpret these findings cautiously. However, our results are consistent with the results of two previous investigations that have used an analytic strategy that allows for the direct examination of the statistical effect of gender on the association between harassment and mental health symptoms.

Our findings do not discount the work of feminist scholar MacKinnon (1979). Our investigation confirms that women are more likely to experience sexual harassment, to experience harass-

ment more frequently, and to experience more types of harassment. Given that past harassment was associated with current mental health symptoms for women, the effects of harassment are almost certainly greater for women as a group. Nonetheless, quantifying the sexual harassment experiences of men questions the utility of theories of sexual harassment suggesting that harassment occurs only because of the diminished role of women in a patriarchal society (MacKinnon, 1979). However, organizational power-based theories, which suggest that harassment occurs because of power differentials including gender, race, sexual orientation, and organizational status (Cleveland & Kerst, 1993), are applicable to males as well as females.

The findings of our investigation are consistent with Franke's (1997) expanded conceptualization of sexual harassment as a means of enforcing rigid gender norms for men as well as women. Franke's contention that the sexual harassment of men serves to punish and control men who have stepped outside of a rigidly prescribed gender role is particularly relevant to our sample. In general, participants reported about harassment experiences that occurred while working in a male-dominated environment during the 1980s and 1990s, the time when the majority of this sample served, when the male to female ratio in the reserve forces aver-

aged 6:1 (U.S. Defense Equal Opportunity Management Institute, 2003). Perhaps more important, the military can be characterized by an environment that promotes "hypermasculinity," a rigid male sex-role stereotyped identity, characterized by calloused sexual views toward women and a belief that violence is manly (Mosher & Tomkins, 1988). Our preliminary analyses suggest that men's mental health symptoms following harassment cannot be accounted for by their more frequent experiences of same-gender harassment. However, it may be that any harassment occurring within an aggressive and male-dominated environment is particularly noxious to men's mental health, regardless of the gender of the perpetrator.

Findings from the literature on the sexual assault of males, while limited, identify some ways in which males' reactions to sexual trauma are quantitatively and qualitatively different from those of females who have been assaulted. Results from the National Comorbidity Study (Kessler et al., 1995) indicate that the conditional probability of receiving a PTSD diagnosis following sexual assault is greater among males (65%) than among females (45.9%). Because in our society adult sexual trauma is not viewed as normative for men, male victims of sexual assault often report greater levels of shock and surprise than their female counterparts (Scarce, 1997), and men's perceptions of their own gender role may be particularly threatened, resulting in increased feelings of powerlessness and self-blame (Singer, 1989). Although in the current sample men were more likely to report experiencing forms of sexual harassment involving the enforcement of rigid masculine gender norms rather than unwanted sexual attention and sexual coercion, gender differences identified in the sexual assault literature suggest that models of responses to sexual harassment originally developed based on women's experiences may not fully explain men's experiences.

Because of the limitations of the current data, caution must be used when interpreting our results. Experiences of sexual harassment were assessed through retrospective self-reports of experiences and so are subject to a number of limitations including recall bias and systematic response distortions. Further, because this investigation used cross-sectional data, the statistical association of sexual harassment with negative mental health symptoms must be interpreted with some caution. It is possible that these symptoms predated the sexual harassment and either served as a risk factor for the occurrence of harassment or caused some individuals to differentially perceive workplace interactions as harassing. Our investigation does not include all possibly relevant variables. Our investigation included only limited measurement of race and other characteristics that convey information about societal power and are likely important to consider when predicting risk of harassment. Further, unmeasured variables for which gender serves as a marker (e.g., prior victimization history) could account for observed differences in sexual harassment risk. Individual differences other than gender, not measured here, are also likely to explain some variance in mental health symptoms following sexual harassment. Future research is needed to explore these issues more extensively.

Several issues regarding measurement also deserve note. First, this investigation addressed elevations in mental health symptoms, not diagnostic conditions. Accordingly, these data should not be interpreted to reflect the incidence of these mental health conditions among victims of sexual harassment. This issue is particu-

larly relevant for the measurement of PTSD symptoms. Although some of the sexual harassment experiences endorsed by these participants likely rise to the level of PTSD Criteria A, many others likely do not. The measurement used in this investigation does not allow us to explore this issue in a more detailed way. A second measurement issue involves the use of the SEQ to assess sexual harassment experiences. The SEQ was designed to measure the sexual harassment experiences of females (Fitzgerald, Gelfand, & Drasgow, 1995) and so measures these experiences more effectively than the experiences of males (Donovan & Drasgow, 1999). This contention is supported by the data from this sample indicating that internal consistency estimates for the SEQ subscales were lower for male participants than female participants. Previous research indicates that sexual harassment is not the same construct for males and females; males and females classify different experiences as sexually harassing and find different experiences to be threatening (Berdahl et al., 1996). The use of identical sexual harassment measurement among male and female participants does have the benefit of allowing for direct comparisons of the kind presented here but may not fully capture the harassment experiences of male participants. Finally, it is important to note that 4 of the 24 SEQ items do not specify harassment that is targeted "at you" or "about people of your gender." For these items, respondents could be endorsing offensive behavior targeting the opposite gender—for example, a man may endorse "repeatedly told sexual stories or jokes that were offensive to you" when the stories or jokes were about women. Endorsement of these items may reflect experiences of "bystander harassment" rather than direct experiences of harassment targeted at men, about men (or alternatively targeted at women, about women). Although offensive sexual behavior targeted at either gender enforces rigid gender roles, bystander and direct harassment differ in important ways. Future research into gender differences in harassment experiences should use measurements that allow for a clearer delineation of these forms of harassment.

A better understanding of the link between past harassment experiences and current mental health symptoms has clinical implications for mental health professionals. Results of this investigation suggest that clinicians should include questions about sexual harassment history and associated mental health symptoms as part of a thorough psychosocial history. Clinician familiarity with the types of harassment most likely to occur to males (e.g., gender-based harassment) and to females (e.g., sexually based harassment) will help with this assessment. Given that the majority of harassment perpetrators are males, assessment of these experiences is particularly important with individuals who have a history of working in organizations that are heavily male dominated. Because of the increased shame associated with sexual trauma among males, male victims of harassment are unlikely to spontaneously report these experiences in the absence of clinician assessment. The use of clear, behaviorally worded questions that avoid use of the term *sexual harassment* are more effective in assessing males' history of harassment because males are less likely to define their own experiences as sexual harassment. Evidence from this investigation that sexual harassment impacts men as well as women suggests that mental health professionals must learn to avoid their own gender stereotypes about who is impacted by harassment in order to provide the best possible care for males and females who have experienced harassment.

References

- Bastian, L. D., Lancaster, A. R., & Reyest, H. E. (1996). *Department of Defense 1995 Sexual Harassment Survey* (Publication No. 96-014). Arlington, VA: Defense Manpower Data Center.
- Berdahl, J. L., Magley, V. J., & Waldo, C. R. (1996). The sexual harassment of men? Exploring the concept with theory and data. *Psychology of Women Quarterly*, 20, 527-547.
- Berdahl, J. L., & Moore, C. (2006). Workplace harassment: Double jeopardy for minority women. *Journal of Applied Psychology*, 91, 426-436.
- Bergman, M. E., Langhout, R. D., Cortina, L. M., & Fitzgerald, L. F. (2002). The (un)reasonableness of reporting: Antecedents and consequences of reporting sexual harassment. *Journal of Applied Psychology*, 87, 230-242.
- Charney, D. A., & Russel, R. C. (1994). An overview of sexual harassment. *American Journal of Psychiatry*, 151, 10-17.
- Cleveland, J. N., & Kerst, M. E. (1993). Sexual harassment and perceptions of power: An under-articulated relationship. *Journal of Vocational Behavior*, 42, 49-67.
- Cochran, C. C., Frazier, P. A., & Olson, A. M. (1997). Predictors of responses to unwanted sexual attention. *Psychology of Women Quarterly*, 21, 207-226.
- Cortina, L. M., Lonsway, K. A., Magley, V. J., Freeman, L. V., Collingsworth, L. L., Hunter, M., et al. (2002). What's gender got to do with it? Incivility in the federal courts. *Law and Social Inquiry*, 27, 235-270.
- Dansky, B. S., & Kilpatrick, D. G. (1996). Effects of sexual harassment. In W. O'Donohue (Ed.), *Sexual harassment: Theory, research and treatment* (pp. 152-174). New York: Allyn & Bacon.
- DeSouza, E., & Fansler, A. G. (2003). Contrapower sexual harassment: A survey of students and faculty members. *Sex Roles*, 48, 529-542.
- Donovan, M. A., & Drasgow, F. (1999). Do men's and women's experiences of sexual harassment differ? An examination of the differential test functioning of the Sexual Experiences Questionnaire. *Military Psychology*, 11, 265-282.
- DuBois, C. L., Knapp, D. E., Faley, R. H., & Kustis, G. (1998). *An empirical examination of same- and opposite-sex sexual harassment in the workplace*. Kent, OH: Kent State University, Graduate School of Management.
- Fitzgerald, L. F., Drasgow, F., & Magley, V. J. (1999). Sexual harassment in the armed forces: A test of an integrated model. *Military Psychology*, 11, 329-343.
- Fitzgerald, L. F., Gelfand, M. J., & Drasgow, F. (1995). Measuring sexual harassment: Theoretical and psychometric advances. *Basic and Applied Social Psychology*, 17, 425-445.
- Fitzgerald, L. F., Magley, V. J., Drasgow, F., & Waldo, C. R. (1999). Measuring sexual harassment in the military: The Sexual Experiences Questionnaire (SEQ-DoD). *Military Psychology*, 11, 243-263.
- Franke, K. M. (1997). What's wrong with sexual harassment? *Stanford Law Review*, 49, 691-772.
- Gutek, B. A. (1985). *Sex and the workplace*. San Francisco: Jossey-Bass.
- Harned, M. S., & Fitzgerald, L. F. (2002). Understanding a link between sexual harassment and eating disorder symptoms: A mediational analysis. *Journal of Consulting and Clinical Psychology*, 70, 1170-1181.
- Harned, M. S., Ormerod, A. J., Palmieri, P. A., Collingsworth, L. L., & Reed, M. (2002). Sexual assault and other types of sexual harassment by workplace personnel: A comparison of antecedents and consequences. *Journal of Occupational Health Psychology*, 7, 174-188.
- Hobfoll, S. E. (1989). Conservation of resources: A new attempt at conceptualizing stress. *American Psychologist*, 44, 513-524.
- Ilies, R., Hauserman, N., Schwochau, S., & Stibal, J. (2003). Reported incidence rates of work-related sexual harassment in the United States: Using meta-analysis to explain reported rate disparities. *Personnel Psychology*, 56, 607-631.
- Jewell, N. P. (2004). *Statistics for epidemiology*. Boca Raton, FL: Chapman & Hall/CRC Press.
- Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of General Psychiatry*, 52, 1048-1060.
- Kilpatrick, D. G., Veronen, L. J., & Resnick, P. A. (1982). Psychological sequelae to rape: Assessment and treatment strategies. In D. M. Doleys, R. L. Meredith, & A. R. Ciminero (Eds.), *Behavioral medicine: Assessment and treatment strategies* (pp. 473-497). New York: Plenum Press.
- Lafontaine, E., & Tredeau, L. (1986). The frequency, sources, and correlates of sexual harassment among women in traditional male occupations. *Sex Roles*, 15, 433-442.
- Lipari, R. N., & Lancaster, A. R. (2004). *Armed Forces 2002 Sexual Harassment Survey*. Arlington, VA: Department of Defense Manpower Data Center.
- MacKinnon, C. A. (1979). The social causes of sexual harassment. In E. Wall (Ed.), *Sexual harassment. confrontations and decisions* (pp. 141-156). Buffalo, NY: Prometheus Books.
- Magley, V. J., Waldo, C. R., Drasgow, F., & Fitzgerald, L. F. (1999). The impact of sexual harassment on military personnel: Is it the same for men and women? *Military Psychology*, 11, 283-302.
- Martindale, M. (1991). Sexual harassment in the military. *Sociological Practice Review*, 2, 200-216.
- Mosher, D. L., & Tomkins, S. S. (1988). Scripting the macho man: Hypermasculine socialization and enculturation. *Journal of Sex Research*, 25, 60-84.
- Murdoch, M., Bradley, A., Mather, S. H., Klein, R. E., Turner, C. L., & Yano, E. M. (2006). Women and war: What physicians should know. *Journal of General Internal Medicine*, 21, S5-S10.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement*, 1, 385-401.
- Richman, J. A., Rospenda, K. M., Nawyn, S. J., Flaherty, J. A., Fendrich, M., Drum, M. L., et al. (1999). Sexual harassment and generalized workplace abuse among university employees: Prevalence and mental health correlates. *American Journal of Public Health*, 89, 358-363.
- Ruggiero, K. J., Del Ben, K., Scotti, J. R., & Rabalais, A. E. (2003). Psychometric properties of the PTSD Checklist-Civilian Version. *Journal of Traumatic Stress*, 16, 495-502.
- Scarce, M. (1997). Same-sex rape of male college students. *College Health*, 45, 171-173.
- Singer, K. I. (1989). Group work with men who experienced incest in childhood. *American Journal of Orthopsychiatry*, 59, 468-472.
- Skinner, K. M., Kressin, N., Frayne, S., Tripp, T. J., Hankin, C. S., Miller, D. R., et al. (2000). The prevalence of military sexual assault among female Veterans' Administration outpatients. *Journal of Interpersonal Violence*, 15, 291-310.
- Stark, S., Chernyshenko, O. S., Lancaster, A. R., Drasgow, F., & Fitzgerald, L. F. (2002). Toward standardized measurement of sexual harassment: Shortening the SEQ-DoD using item response theory. *Military Psychology*, 14, 49-72.
- Stockdale, M. S. (1996). *Sexual harassment in the workplace: Perspectives, frontiers, and response strategies* (Vol. 5). Thousand Oaks, CA: Sage.
- Stockdale, M. S., Visio, M., & Batra, L. (1999). The sexual harassment of men: Evidence for a broader theory of sexual harassment and sex discrimination. *Psychology, Public Policy, and Law*, 5, 630-664.
- Tabachnick, B. G., & Fidell, L. S. (1996). *Using multivariate statistics* (3rd ed.). New York: HarperCollins.
- U.S. Defense Equal Opportunity Management Institute. (2003). *Representation of minorities and women in the Armed Forces (1989-1999)*. Cocoa Beach, FL: Patrick Air Force Base.
- United States Merit Systems Protection Board (USMSPB). (1988). Sexual harassment in the federal government: An update (pp. 1-49). USMSPB, Office of Merit Systems Review and Studies.
- United States Merit Systems Protection Board (USMSPB). (1995). Sexual

harassment in the federal government: Trends, progress, continuing challenges (pp. v-73). USMSPB, Office of Merit Systems Review and Studies.

Vogt, D., Pless, A. P., King, L. A., & King, D. W. (2005). Deployment stressors, gender, and mental health outcomes among Gulf War I veterans. *Journal of Traumatic Stress, 18*, 272-284.

Waldo, C. R., Berdahl, J. L., & Fitzgerald, L. F. (1998). Are men sexually harassed? If so, by whom? *Law and Human Behavior, 22*, 59-79.

Ware, J. E., Kosinski, M., & Keller, S. D. (1996). A 12-item short-form health survey: Construction of scales and preliminary tests of reliability and validity. *Medical Care, 34*, 220-233.

Weathers, F. W., Litz, B. T., Herman, D. S., Huska, J. A., & Keane, T. M.

(1993, October). *The PTSD Checklist (PCL): Reliability, validity, and diagnostic utility*. Paper presented at the meeting of the International Society for Traumatic Stress Studies, San Antonio, TX.

Wolfe, J., Sharkansky, E. J., Read, J. P., Dawson, R., Martin, J. A., & Ouimette, P. C. (1998). Sexual harassment and assault as predictors of PTSD symptomatology among U.S. female Persian Gulf War military personnel. *Journal of Interpersonal Violence, 13*, 40-57.

Received July 19, 2006

Revision received February 26, 2007

Accepted February 27, 2007 ■



AMERICAN PSYCHOLOGICAL ASSOCIATION SUBSCRIPTION CLAIMS INFORMATION

Today's Date: _____

We provide this form to assist members, institutions, and nonmember individuals with any subscription problems. With the appropriate information we can begin a resolution. If you use the services of an agent, please do **NOT** duplicate claims through them and directly to us. **PLEASE PRINT CLEARLY AND IN INK IF POSSIBLE.**

PRINT FULL NAME OR KEY NAME OF INSTITUTION _____

MEMBER OR CUSTOMER NUMBER (MAY BE FOUND ON ANY PAST ISSUE LABEL) _____

ADDRESS _____

DATE YOUR ORDER WAS MAILED (OR PHONED) _____

CITY _____

STATE/COUNTRY _____

ZIP _____

____ PREPAID ____ CHECK ____ CHARGE

CHECK/CARD CLEARED DATE: _____

YOUR NAME AND PHONE NUMBER _____

(If possible, send a copy, front and back, of your cancelled check to help us in our research of your claim.)

ISSUES: ____ MISSING ____ DAMAGED

TITLE _____

VOLUME OR YEAR _____

NUMBER OR MONTH _____

Thank you. Once a claim is received and resolved, delivery of replacement issues routinely takes 4-6 weeks.

(TO BE FILLED OUT BY APA STAFF)

DATE RECEIVED: _____

DATE OF ACTION: _____

ACTION TAKEN: _____

INV. NO. & DATE: _____

STAFF NAME: _____

LABEL NO. & DATE: _____

Send this form to APA Subscription Claims, 750 First Street, NE, Washington, DC 20002-4242

PLEASE DO NOT REMOVE. A PHOTOCOPY MAY BE USED.